

**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
SYSTEM OF INTEGRATED CARE**

Consultation on Integrated Systems

July 20, 2011

Premise

One of the goals of delivery system reform is integrated care, although each public behavioral health system will pursue this goal through different paths at different speeds. This consultation for DHMH will identify possible paths to integration for Maryland, timelines and methods to improve patient care while preserving the strengths of the current system.

The triple aim will form the backdrop for any recommendation, articulating how the proposed models will improve the patient experience, improve population health, and potentially reduce costs. Four key dimensions of integration will be described:

- Practice model
- Delivery platform
- Benefits management
- Financing

Study Methods

Performance Evaluation

Data-based review of current benefits management structure in relationship to access, penetration, engagement in treatment, and utilization patterns

Stakeholder Input

Structured focus groups/interviews will be conducted with:

- Mental health and addictions treatment providers
- Consumers, families and advocates
- Core Service Agencies: mental health, addictions and integrated
- State officials—Mental Health, Addictions, Medicaid, Health

Two questions will be asked:

- What would an integrated system in Maryland look like in terms of practice, delivery platform, benefits management and financing?
- How could Maryland move to an integrated system?

Public Sector Experience

Review the different ways other states handle this issue, including innovative approaches.

Environmental Context

Identify developments and innovations in health care relevant to improved patient care and integrated systems (PCMH, Health Homes, growth of FQHC, Medicaid Expansion, Health Insurance Exchange, Accountable Care Organizations, Chronic Disease Model, pay for performance, never events, potentially avoidable conditions etc.)

Report for DHMH

- I. Environmental Context (as above)
- II. Description of the Current System: How care works today. How treatment services are financed for Medicaid beneficiaries and uninsured individuals. What are the benefits and what are the specific problems. (Will include patient scenarios that demonstrate problems in the current system, i.e. medically complex, depressed pain patient, buprenorphine patient, homeless substance abuse patient, co-occurring patient, etc.)
- III. Vision of an Integrated System for Maryland (practice, delivery, benefits management, financing)
 - a. Recommended 'End State' (Define the key characteristics of an integrated system and how its characteristics will address the problems while maintaining the strengths of current system.
 - b. Options: discuss two to three options for a new system and their relative strengths and weaknesses
 - c. Lay out anticipated transition, either in terms of additional analysis or implementation phases; identify key steps, i.e. information gathering, RFP development, provider financing, delivery platform, etc.

Timetable

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| • Research and Data Review | August 1 – August 19 |
| ○ Data review from PMHS and PAC | |
| ○ Public Sector Experience | |
| • Data Distributed to Stakeholders | August 24 |
| • Stakeholder Data Review and Input | August 29 - 31 |
| • Report Development | |
| ○ First Draft | September 15 |
| ○ Final Draft for Workgroup Review | September 30 |
| • Workgroup Review of Draft Report | Early October |
| • Final Consultant's Report | October 30 |

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